PAGE 1	STATE OF NEW MEXICO		DOC. ID:		25-73
	DEPARTMENT O		FED. TAX I		85-6000-130
SUBMIT COPIES (AS APPLICALBLE)	300 DON G	-	Please Iden	,	
a. General Allocation Notice	SANTA FE, NM	87501-2786		<u>General Fund/Cap</u>	ital Outlay/Debt
B. Publication and form 910b-5 for	BUDGET ADJUST		XX	Direct Grant	
increase ocer \$1,000 in Operational (non-catagorical)	BUDGET ADJUST	MENT REQUEST			
	Fiscal Year	2024-2025		Flowthrough	25147
ADJUSTMENT CHANGES INTENT/SCOPE OF PR	OCM YES OR NO	No		(Pro	gram of Adm.)
FLOWTHROUGH ONLY			Name	Impact Aid	d-Indian Ed
BUDGET PERIOD July 1, 2024	<u>TO</u> <u>June 30, 20</u> 2	25			
A. CARRYOVER			SELECT O	NE:	
B. TOTAL CURRENT YEAR ALLOCATION	\$	132,552.00		INITIAL BUDG.	(Flowthrough)
C. ADMINISTRATIVE POOL ALLOCATION					
TOTAL FUNDING AVAILABLE:	\$	132,552.00	XX		
				MAINTENANCE	
				TRANSFERS	
ENTITY NAME: FARMINGTON MUNICI	PAL SCHOOLS				
CONTACT: Phyllis Timme	TELEPHONE (505) 32	24-9840			
TOTAL APPROVED BUDGET (Flowthrough)					
· · · · · · · · · · · · · · · · · · ·	ROUND TO THE NE	AREST DOLLAR			
REVENUE FUNCTION/OBJECT					

	AND FUND EXPENDITURE				PRESENT	AMOUNT OF	ADJUSTED	ADD'L
	CODE	FROM	TO	DESCRIPTION	BUDGET	ADJUSTMENT	BALANCE	FTE
1	44301	100030.51100621		Instruction	\$70,000.00	(\$9,774.00)	\$60,226.00	
2	25147	210030.51100214		Salaries Exp Guidance Counseld	\$22,747.00	(\$22,747.00)	\$0.00	
3		210030.52111214		ERB	\$23,000.00	(\$23,000.00)	\$0.00	
4		210030.52112214		RHCA	\$23,240.00	(\$23,000.00)	\$240.00	
5		210030.52210214		FICA	\$8,231.00	(\$7,611.00)	\$620.00	
6		210030.52220214		Medicare	\$1,925.00	(\$1,780.00)	\$145.00	
7		210030.52311214		Health and Medical	\$9,258.00	(\$9,258.00)	\$0.00	
8		210030.52312214		Life	\$3,683.00	(\$3,683.00)	\$0.00	
9		210030.52313214		Dental	\$16,326.00	(\$16,326.00)	\$0.00	
10		210030.52314214		Vision	\$5,045.00	(\$5,045.00)	\$0.00	
11		210030.52913214		Work Comp Empl fee	\$1,928.00	(\$1,928.00)	\$0.00	
12		330030.52112622		Bus Driver-RHCA Health	\$4,000.00	(\$4,000.00)	\$0.00	
13		330030.52210622		Bus Driver-FICA	\$2,000.00	(\$2,000.00)	\$0.00	
14		330030.52220622		Bus Driver-Medicare	\$400.00	(\$400.00)	\$0.00	
15		330030.52913622		Bus Driver-Workmans comp	\$2,000.00	(\$2,000.00)	\$0.00	
16								
17								
18								
19								
20								
21								
Compliance with Section 10-15-I and 22-8-12 NMSA, 1978 Compilation:					SUB TOTAL	(\$132,552.00)	Total FTE	<u> </u>
		budget/changes we			INDIRECT COST	\$0.00	4	
Board of Education meeting open to the public on: 2/11/25				2/11/25	TOTAL	(\$132,552.00)		

FISCAL OFFICER

Board of Education meeting open to the public on: 2/11/25 B. Justification for the tranfer: Explanation such as "underbudgeted", "insufficient budget", or "needed to close out Project" ARE NOT ACCEPTABLE. Attach additional sheets of necessary.

FUNCTION/OBJ 25147.1112	JUSTIFICATION FY 2024-2025 Decrease Bar		FUNCTION/OBJ	JUSTIFICATION
	· · 202 · 2020 200,0000 20,			
SCH	IOOL DISTRICT CERTIFICATION			SDE APPROVAL
SUPERINTENDENT	DATE	ANALYST	PROGRAM DIRECTOR	DATE

AGENCY SPPORT/SCHOOL BUD.

DATE

DATE